

**MONROE COUNTY HEALTH DEPARTMENT**  
**APPLICATION FOR FOOD WORKER CERTIFICATION TRAINING COURSE**

PLEASE PRINT

LAST NAME

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FIRST NAME & MIDDLE INITIAL

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NUMBER AND STREET ADDRESS

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CITY, STATE & ZIP

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DAYTIME TELEPHONE NUMBER

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PLACE OF FOOD SERVICE EMPLOYMENT \_\_\_\_\_

POSITION HELD \_\_\_\_\_

REASON FOR TAKING COURSE:

NEW OPERATOR \_\_\_\_\_ TEMPORARY EVENT OPERATOR \_\_\_\_\_ MOBILE/PUSH CART OPERATOR \_\_\_\_\_

ENFORCEMENT ACTION \_\_\_\_\_ OTHER \_\_\_\_\_

**THE COURSE INSTRUCTION IS GIVEN OVER TWO DAYS (APPROX. 3 HOURS EACH DAY)**  
**PLEASE CALL 274-6869 FOR CLASS SCHEDULE.** Please notify us, when scheduling, if you have difficulty reading or writing the English language.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

THE COURSE FEE IS **\$63.00**. PAYABLE WITH SUBMISSION OF THIS APPLICATION.  
PLEASE MAKE CHECKS PAYABLE TO: **MONROE COUNTY HEALTH DEPARTMENT**

If applying by mail, send form and check to: **MONROE COUNTY HEALTH DEPARTMENT**  
Food Certification – Room 1020  
P.O. Box 92832  
111 Westfall Road  
Rochester, N. Y .14692

If applying in person prior to class start date, please bring form and check to Room 1020 at above address.